

UPDATE

New High Blood Pressure Clinical Practice Guidelines

This month the National Heart, Lung, and Blood Institute (NHLBI) released new clinical practice guidelines for the prevention, detection, and treatment of high blood pressure. The guidelines, which were approved by the Coordinating Committee of the NHLBI's National High Blood Pressure Education Program (NHBPEP), feature altered blood pressure categories, including a new "prehypertension" level, which covers about 22 percent of American adults or about 45 million persons.

The new guidelines also streamline the steps by which doctors diagnose and treat patients, and recommend the use of diuretics as part of the drug treatment plan for high blood pressure in most patients. Called "The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure," the guidelines will appear in the May 21, 2003, issue of *The Journal of the American Medical Association (JAMA)*.

A special committee of the NHBPEP, which represents 46 professional, voluntary, and Federal organizations, and reviewed, by 33 national hypertension experts and policy leaders prepared the guidelines. The NHBPEP issues new guidelines when warranted by scientific advances. The last guidelines were issued in November 1997.

"Since 1997, much more has been learned about the risk of high blood pressure and the course of the disease," said NHLBI Director Dr. Claude Lenfant. "Americans' lifetime risk of developing hypertension is much greater than we'd thought. For instance, those who do not have hypertension at age 55 have a 90 percent risk of going on to develop the condition."

"We also now know that damage to arteries begins at fairly low blood pressure levels, those formerly considered normal and optimal," he continued. "In fact, studies show that the risk of death from heart disease and stroke begins to rise at blood pressures as low as 115 over 75, and it doubles for each 20 over 10 millimeters of mercury (mm Hg) increase. So the harm starts long before people get treatment."

"Unless prevention steps are taken, stiffness and other damage to arteries worsen with age and make high blood pressure more and more difficult to treat. The new 'prehypertension' category reflects this risk and, we hope, will prompt people to take preventive action early."

High blood pressure is a major risk factor for heart disease and the chief risk factor for stroke and heart failure, and also can lead to kidney damage. It affects about 50 million Americans, one in four adults. Treatment seeks to lower blood pressure to less than 140 mm Hg systolic and less than 90 mm Hg diastolic for most persons with hypertension (less than 130 systolic and less than 80 diastolic for those with diabetes and chronic kidney disease).



STATE HEALTH PLAN PREVENTION PARTNERS
South Carolina Budget and Control Board
Employee Insurance Program
June 2003

